



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SAINT CHARLES SURGICAL PAVILION

Street Address: 1900 Saint Charles St

City: Jasper

County: IN

Administrator Name:

Administrator Email: croth@norrisblessinger.com

ASC Web Address:

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: The Joint Commission

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1979	2127
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	591	
62323	271	
27095	128	
64721	108	
27096	88	
29881	70	
26055	56	

64493	50
63030	46
27447	38

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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